



Australian Register of Naturopaths and Herbalists

## Membership Application to the Australian Register of Naturopaths and Herbalists (ARONAH)

### Profession: Naturopathy and Western Herbal Medicine

This application form can be submitted to [applications@aronah.org](mailto:applications@aronah.org) or via post to:

ARONAH  
PO Box 519  
Paddington  
QLD 4064

### SECTION A: Application inclusions

**1. In which division(s) of the profession are you applying to be registered?**

Naturopathy       Western Herbal Medicine       Naturopathy AND Western Herbal Medicine

*N.B. To be considered for registration in a division, evidence of a qualification which clearly names the division must be provided. To be considered for registration for dual registration (membership in both naturopathy and Western herbal medicine divisions) you will need to provide evidence of qualification and competence for each division separately. If you are applying for registration in both divisions, please read the supporting document, **Applying for registration in both divisions (dual registration)**.*

**2. Are you applying to be registered as a  Practicing or  Non-practicing member?**

### SECTION B: Personal details

The information items in this section of the application marked with an asterisk (\*) will appear on the public register.

**3. What is your name and date of birth?**

*If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change. For more information, see Change of name in the Information and definitions section of this form.*

Title\*:                       Mr    Mrs    Miss    Ms    Dr    Other: \_\_\_\_\_ (Specify)

First given name\*: \_\_\_\_\_

Middle name(s)\*: \_\_\_\_\_

Family name\*: \_\_\_\_\_

Previous names known by (e.g. maiden name): \_\_\_\_\_

Date of birth: (dd/mm/yyyy) \_\_\_\_\_

**4. What are your birth details?**

Country of birth: \_\_\_\_\_

City/Suburb/Town of birth: \_\_\_\_\_

State/Territory of birth (if within Australia):    VIC   NSW   QLD   SA   WA   NT   TAS   ACT

Sex\*:                       Male                       Female

Languages spoken other than English (if relevant, please specify the dialect)\*

## SECTION C: Proof of identity

Applicants must provide sufficient evidence of their identity. When answering the question below, follow these four simple steps:

**Step 1:** You **must** mark on the table below and provide evidence of one of the documents listed under **Category A**

**Step 2:** You **must** mark on the table below and provide evidence of one of the documents listed under **Category B**. This document **must** be different to that provided in Step 1.

**Step 3:** You **must** mark on the table below and provide evidence of one of the documents listed under **Category C**. This document **must** be different to those provided in Steps 1 and 2 above.

**Step 4:** If the documents you have provided in Step 2 and 3 above **do not provide evidence of your residential address**, you **must** mark on the table below and provide one of the documents listed under Category D.

The ARONAH *Proof of identity requirements* document can be found on the ARONAH website at [http://www.aronah.org/wp-content/uploads/ARONAH\\_Proof-of-Identity-final.pdf](http://www.aronah.org/wp-content/uploads/ARONAH_Proof-of-Identity-final.pdf). The minimum requirements for overseas applicants, or those who have recently arrived in Australia, can be found on page 5 within this document under the heading *Evidence required for overseas applicants of applicants who have recently arrived in Australia*.

### 5. Which documents from each category will you provide for proof of identity?

The documents provided **must** meet the following criteria:

- At least **one** document must be in the applicant's current name
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. For documents translated in Australia, the translator **must** be accredited by NAATI – see [www.naati.com.au](http://www.naati.com.au). For documents translated overseas, see [www.fit-ift.org](http://www.fit-ift.org) for a list of authorities who provide certified translations.
- Australian birth certificate extracts are **not** accepted.
- If using your passport, a certified copy of the identify information page (the photo page) **must** be provided.
- All documents **must** be true certified or notarised copies of the original.

| Choose proof of identity documents to submit: (A document may only be used once for any category) |                          |                          |                          |  |               |     |                          |  |
|---|--------------------------|--------------------------|--------------------------|--|---------------|-----|--------------------------|--|
| Documents   | Category Used            |                          |                          | Documents  | Category Used |     |                          |  |
|   | A                        | B                        | C                        |  | A             | B   | C                        |  |
| Australia passport  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medicare card  | N/A           | N/A | <input type="checkbox"/> |  |
| Overseas passport with Aust. visa   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PAYG payment summary   | N/A           | N/A | <input type="checkbox"/> |  |
| Australian birth certificate  | <input type="checkbox"/> | N/A                      | <input type="checkbox"/> | Motor vehicle registration   | N/A           | N/A | <input type="checkbox"/> |  |
| Australian visa   | <input type="checkbox"/> | N/A                      | <input type="checkbox"/> | Financial institution statements   | N/A           | N/A | <input type="checkbox"/> |  |
| Australian Armed Services papers  | <input type="checkbox"/> | N/A                      | <input type="checkbox"/> | Taxation assessment notice   | N/A           | N/A | <input type="checkbox"/> |  |
| Travel documents with Aust. Visa  | <input type="checkbox"/> | N/A                      | <input type="checkbox"/> | Health insurance card  | N/A           | N/A | <input type="checkbox"/> |  |
| Australian citizenship certificate  | <input type="checkbox"/> | N/A                      | <input type="checkbox"/> | Pension card   | N/A           | N/A | <input type="checkbox"/> |  |
| Australian driver licence   | N/A                      | <input type="checkbox"/> | <input type="checkbox"/> | <b>Category D documents</b><br>A document from Category D is only required if your Category B or C document does not provide evidence of your residential address. |               |     |                          |  |
| Working with children check card  | N/A                      | <input type="checkbox"/> | <input type="checkbox"/> |  |               |     |                          |  |
| Firearm or shooters licence   | N/A                      | <input type="checkbox"/> | <input type="checkbox"/> |  |               |     |                          |  |
| Student ID card   | N/A                      | <input type="checkbox"/> | <input type="checkbox"/> |  |               |     |                          |  |
| International driver licence  | N/A                      | <input type="checkbox"/> | <input type="checkbox"/> |  |               |     |                          |  |
| Proof of age card   | N/A                      | <input type="checkbox"/> | <input type="checkbox"/> | I have used a Category B or C document that has my current residential address   |               |     | <input type="checkbox"/> |  |
| Change of name certificate  | N/A                      | N/A                      | <input type="checkbox"/> | Mortgage papers  |               |     | <input type="checkbox"/> |  |
| Australian marriage certificate   | N/A                      | N/A                      | <input type="checkbox"/> | Rate notices   |               |     | <input type="checkbox"/> |  |
| Australian divorce papers   | N/A                      | N/A                      | <input type="checkbox"/> | Lease or tenancy agreement   |               |     | <input type="checkbox"/> |  |
| Board registration certificate  | N/A                      | N/A                      | <input type="checkbox"/> | Utility account  |               |     | <input type="checkbox"/> |  |
| Bank acct. details – credit or ATM card   | N/A                      | N/A                      | <input type="checkbox"/> | Electoral enrolment card   |               |     | <input type="checkbox"/> |  |
| <b>You must attach a certified copy of all proof of identity documents that you check above</b>   |                          |                          |                          |  |               |     |                          |  |

## SECTION D: Contact information

### 6. What are your contact details?

Provide your current contact details below – place an  next your preferred contact phone number.

Business hours

Mobile

After hours

Email

### 7. What is your residential address?

If you are not currently practising, or are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice; and
- the information items marked † will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice. Residential address cannot be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town†

State (e.g. VIC, NSW, ACT)/ International province†

Postcode/ZIP†

Country (if other than Australia)

### 8. Is the address of your principal place of practice the same as your residential address?

Yes

No - Provide your Australian principal place of practice below

Principal place of practice for a registered health practitioner is:

- the address at which you predominately practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominately at one address.

Principal place of practice cannot be a PO Box. The information items marked with an asterisk (\*) will appear on the public register.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town\*

State (e.g. VIC, NSW, ACT)\*

Postcode\*

**9. What is your mailing address?**

- My residential address  
 My principal place of practice  
 Other (*Provide your mailing address below*)

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State (e.g. VIC, NSW, ACT)/ International province

Postcode/ZIP

Country (if other than Australia)

**SECTION E: Qualification for the profession**

**IMPORTANT: PLEASE READ**

ARONAH publishes a list of approved qualifications that lead to eligibility for general registration. However, between 1 July 2013 and 31<sup>st</sup> December 2023 special transitional provisions, known as grandparenting provisions, are also in place. These provisions relate to qualifications other than those approved by the Board. For more information on the grandparenting provisions refer to <http://www.aronah.org/aronah-documents/> and look for the grandparenting document. For the list of qualifications approved by ARONAH, please refer to <http://www.aronah.org/tier-1-registration-information/>.

If you are applying for registration in more than one division you are required to provide documentation for all applicable division(s).

**N.B. Completing question 12 of this form, where you are asked to provide evidence of your practice and competence to practice, is optional.** If your qualifications are determined by the Board to be inadequate, the Board may request you to provide evidence of your practice and competence to practise, to determine your eligibility for registration.

To reduce delays in processing your application, you are encouraged to consider the following questions to decide whether or not to answer question 12 in this application:

Do you think the evidence you provide for the qualification(s) you have listed in question 10 will meet the requirements of being:

- broadly consistent with Advanced Diploma level in Australia
- training in naturopathy or Western herbal medicine theory including differential diagnosis and the design of individualised naturopathic/western herbal medicine treatments
- training in biomedical sciences (i.e. anatomy, physiology, biochemistry, pharmacology, pathology, clinical diagnosis and therapeutics) and/or ethics, legal responsibilities and practice management?

If you do **not** think that you meet one or more of the requirements, even if you feel you have completed the required training but it is not evident on your transcript, answering **question 12** will assist the Board in determining your eligibility for registration.

**10. Do you hold a qualification directly related to the practice of your chosen division?**

Yes – Complete section below

No

**Qualification 1**

Title of qualification

Division of registration applicable to

Name of institution (University/College/Examining body)

Country or state/territory (Australian qualifications only)

Start date (dd/mm/yyyy)

Completion date (dd/mm/yyyy)

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Is this qualification on the approved qualifications list for ARONAH?  Yes – go to Section F  No

Is this qualification consistent with a minimum of an Advanced Diploma level in the AQF?

Yes – go to question 11  No

Is this qualification not reflected in the above options but relevant to the profession?

Yes – go to question 12  No

If you are not a new Australian graduate you **must** attach a certified copy of your original academic transcript or certificate that indicates completion of the qualification mentioned in this form.

**Qualification 2**

Title of qualification

Division of registration applicable to

Name of institution (University/College/Examining body)

Country or state/territory (Australian qualifications only)

Start date (dd/mm/yyyy)

Completion date (dd/mm/yyyy)

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Is this qualification on the approved qualifications list for ARONAH?  Yes – go to Section F  No

Is this qualification consistent with a minimum of an Advanced Diploma level in the AQF?

Yes – go to question 11  No

Is this qualification not reflected in the above options but relevant to the profession?

Yes – go to question 12  No

If you are not a new Australian graduate you **must** attach a certified copy of your original academic transcript or certificate that indicates completion of the qualification mentioned in this form

**Qualification 3**

Title of qualification

|  |
|--|
|  |
|--|

Division of registration applicable to

|  |
|--|
|  |
|--|

Name of institution (University/College/Examining body)

|  |
|--|
|  |
|--|

Country or state/territory (Australian qualifications only)

|  |
|--|
|  |
|--|

Start date (dd/mm/yyyy)

Completion date (dd/mm/yyyy)

|  |  |
|--|--|
|  |  |
|--|--|

Is this qualification on the approved qualifications list for ARONAH?  Yes – go to Section F  No

Is this qualification consistent with a minimum of an Advanced Diploma level in the AQF?

 Yes – go to question 11  No

Is this qualification not reflected in the above options but relevant to the profession?

 Yes – go to question 12  NoIf you are not a new Australian graduate you **must** attach a certified copy of your original academic transcript or certificate that indicates completion of the qualification mentioned in this form**Qualification 4**

Title of qualification

|  |
|--|
|  |
|--|

Division of registration applicable to

|  |
|--|
|  |
|--|

Name of institution (University/College/Examining body)

|  |
|--|
|  |
|--|

Country or state/territory (Australian qualifications only)

|  |
|--|
|  |
|--|

Start date (dd/mm/yyyy)

Completion date (dd/mm/yyyy)

|  |  |
|--|--|
|  |  |
|--|--|

Is this qualification on the approved qualifications list for ARONAH?  Yes – go to Section F  No

Is this qualification consistent with a minimum of an Advanced Diploma level in the AQF?

 Yes – go to question 11  No

Is this qualification not reflected in the above options but relevant to the profession?

 Yes – go to question 12  NoIf you are not a new Australian graduate you **must** attach a certified copy of your original academic transcript or certificate that indicates completion of the qualification mentioned in this form**Attach a separate sheet if all your qualification details do not fit in the space provided.**



## SECTION F: Suitability statements

Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach an expeditious and informed decision. Please note that registration is dependent on suitability as defined by the requirements set out in the Board's registration standards. Refer to <http://www.aronah.org/aronah-documents/> for further information.

### 13. Do you have professional association membership?

- Yes 1. Name of Association \_\_\_\_\_ Membership No \_\_\_\_\_  
Date of Joining \_\_\_\_\_ Renewal Date \_\_\_\_\_  
Other association membership: \_\_\_\_\_

*N.B. You must attach a certified copy of a professional association membership certificate. If your association membership does not show currency or renewal dates, please provide proof of currency in the form of receipt of payment for membership renewal or a statement of currency from your association.*

- No, I am applying for non-practicing registration

### 14. Do you have any criminal history in Australia?

For more information, see *Criminal history* in the *Information and definitions* section of this form.

- Yes – Provide a separate sheet with details of your criminal history in Australia and explanation of circumstances  
 No – Go to next question

### 15. Do you have any criminal history in another country?

For more information, see *Criminal history* in the *Information and definitions* section of this form.

- Yes – Provide a separate sheet with details of your criminal history in another country and explanation of circumstances  
 No – Go to next question

### 16. Have you completed five years full-time equivalent education (secondary and/or tertiary), taught and assessed in English, in one of the countries listed?

For more information see *English language skills* in the *Information and definitions* section of this form.

Australia  
South Africa

Canada  
United Kingdom

New Zealand

Republic of Ireland  
United States of America

- Yes – Please read information below, then go to question 19  
 No – Go to next question

Answering 'YES' to this question and signing the consent statement for this application form is **taken to be a declaration** that you have undertaken and completed five years full-time equivalent education (secondary and/or tertiary) taught and assessed in English in one of the countries listed. Please note that in accordance with section 19 (4) of the ARONAH constitution the Board has the power to take immediate action where admission to the register has been obtained based on conduct unbecoming of a member and would include that person supplying false or misleading information

- Occupational English Test (OET)**  
The Board requires completion and an overall pass in the OET, with grades A or B only in each of the four components (listening, reading, writing and speaking).
- American Test for English as a Foreign Language (TOEFL)**  
The Board requires completion of the TOEFL including the spoken component and a minimum of 237 (test of written English 4.5).
- Other – Specify your other English language examination below**

- None of the above – Please read the information below then go to question 21**  
Following assessment of your application, the Board may request further information from you.



**17. On what date did you complete this examination?**

Date of completion (dd/mm/yyyy): \_\_\_\_\_

You **must** send a certified copy of your Board-approved English language test results to ARONAH. For IELTS, this evidence must include the Test Report Form Number and show that you have taken the Academic test module. Where possible, ARONAH will verify your test results directly with the testing authority (for example, by secure internet login).

**18. Have your results from the above-mentioned English language examinations been obtained within two years prior to applying for registration?**

- Yes – Go to next question
- No – See below

You may attach evidence that you have actively maintained employment as a health practitioner using English as the primary language of practice in one of the countries below, or been continuously enrolled in an approved program of study, or submit new test results that meet the requirements of the Board:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America

Following the assessment of your application, if you have not achieved the results within two years prior to applying for registration or are unable to provide the above evidence, you may be requested to provide further information.

**19. Do you commit to have in place professional indemnity insurance arrangement, fully compliant with the Board’s Professional indemnity insurance (PII) arrangements registration standard, for all practice undertaken during the registration period?**

The Professional Indemnity Insurance Arrangements registration standard requires that members cover includes:

- a) A minimum of \$5 million in cover for any single claim
- b) A minimum of one automatic reinstatement during each year of insurance cover
- c) Run-off cover
- d) Product liability where the member uses, sells or dispense therapeutic goods.

You can be covered by either individual insurance arrangements or group schemes for PII arrangements. Group schemes include cover via your employer’s insurance arrangement or cover through membership with a professional association. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

- Yes – if you already have PII cover fulfilling the requirements of the standard provide this as an attachment  
Date of current insurance expiration: \_\_\_\_\_
- No

**20. Have you graduated within the past two years from a course approved by the Board?**

- Yes – Go to question 25
- No – Go to next question

**21. Are you returning from an absence from practice longer than three years?**

- Yes – Go to next question
- No – Go to question 25

**22. Have you undergone and passed an approved formal competency assessment as determined by the Board within the past three years?**

- Yes – You **must** attach evidence of having passed an approved formal competency assessment as determined by the Board.
- No – You **must** submit a proposed plan for re-entry to professional practice. For more information, see Recency of Practice in the Information and definitions section of this form.

**23. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?** For more information, see *Impairment* in the *Information and definitions* section of this form.

- Yes – You **must** attach to this application details of any impairments and how they are managed.
- No – Go to next question

- 24. Is your registration in any profession or professional association membership, in Australia or overseas, currently suspended or cancelled?**
- Yes – You **must** attach to this application details of any registration suspension or cancellation.  
 No – Go to next question
- 25. Have you previously had any registration or professional association membership cancelled, refused or suspended in Australia or overseas?**
- Yes – You **must** attach to this application details of any cancellation, refusal or suspension.  
 No – Go to next question
- 26. Has your registration or professional association membership or practice ever been subject to conditions, undertakings or limitations in Australia or overseas?**
- Yes – You **must** attach to this application details of any conditions, undertakings or limitations.  
 No – Go to next question
- 27. Are you disqualified from applying for professional association membership, naturopathic or western herbal medicine practice, registration, or being registered, in any profession, under the National Law, or a corresponding prior Act, or by court order?**
- Yes – You **must** attach to this application details of any disqualifications.  
 No – Go to next question
- 28. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law or as a member of a professional association, as a practitioner, or a corresponding prior Act or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?**
- Yes – You **must** attach to this application details of any conduct, performance or health proceedings.  
 No – Go to next question
- 29. Has your provider rebate status ever been refused or withdrawn from any private health fund or other third party insurer?**
- Yes – You **must** attach to this application details of any refusal or withdrawal of your provider rebate status.  
 No – Go to next question
- 30. Have you ever been the subject of a complaint or notification to any health complaints organisation, professional association or similar?**
- Yes – You **must** attach to this application details of any complaint or notification.  
 No – Go to next question
- 31. Have you ever been refused, suspended or cancelled from any health professional association in Australia or elsewhere?**
- Yes – You **must** attach to this application details of any refusal, suspension or cancellation from any health professional association.  
 No – Go to next question

## SECTION G: Consent, membership and obligations

**Before you sign and date this form:** Make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* sections of this form.

### Consent

I consent to the Board and ARONAH making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I authorise the Board to obtain my criminal history in Australia and overseas, including any convictions or charges which might be spent.

I understand that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to the Board, and
- information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes, including the investigation of any outstanding criminal offences.


I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all Board register standards, codes, and guidelines.

I declare that:

- that the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in the attached documents.
- I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.
- I am aware that personal information I provide may be given to a third party for regulatory purposes, consistent with the National Law.


|                           |   |
|---------------------------|---|
| <b>Name of applicant:</b> | <b>Signature of applicant:</b><br> |
| <b>Date (dd/mm/yyyy):</b> |   |

Application to become a member of Australian Register of Naturopaths and Herbalists Limited **A.C.N. 147 439 469**

*Registered Office 23 Gladstone st, Paddington, 4064*

I/We/This Company hereby consent(s) to become a member of your Company as detailed below and in so doing, adopt(s) and agree(s) to be bound by the constitution of the Company.

I/We/This Company hereby agree(s) to provide a guarantee not exceeding one dollar (\$1.00) to defray such liabilities and expenses of the Company upon its winding up or dissolution.

|                           |   |
|---------------------------|---|
| <b>Name of applicant:</b> | <b>Signature of applicant:</b><br> |
| <b>Date (dd/mm/yyyy):</b> |   |

### Obligations of registered health practitioners

A naturopath and/or western herbalist on the ARONAH register must:

- undertake the continuing professional development required by an approved registration standard for the profession, and
- Be a member of a professional association

A naturopath and/or western herbalist with general registration on the ARONAH register must:

- not practise the profession unless appropriate professional indemnity insurance arrangements are in force in relation to the practise of the profession.
- Hold a current first aid certificate

All ARONAH registered health practitioners must inform the Board within seven days of becoming aware of an event or change in their status in relation to the following matters:

- the practitioner is charged with an offence punishable by 12 months imprisonment or more
- the practitioner is convicted of, or the subject of, a finding of guilt for an offence punishable by imprisonment appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practise of the profession
- the practitioner's right to practise is withdrawn or restricted because of the practitioner's conduct, professional performance or health

- the practitioner’s authority under law of a state or territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted
- a complaint is made about the practitioner to:
  - (a) the Chief Executive Medicare under the *Human Services (Medicare) Act 1973* (Cth)
  - (b) an entity performing functions under the *Health Insurance Act 1973* (Cth)
  - (c) the Secretary within the meaning of the *National Health Act 1953* (Cth)
  - (d) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered, and
  - (e) another Commonwealth, state or territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
    - the practitioner’s registration, under the law of another country that provides for the registration of health practitioners, is suspended or cancelled or made subject to a condition or another restriction.

All registered health practitioners must inform the Board, in writing and provide appropriate evidence, within 30 days of any change in relation to the following:

- the practitioner’s principal place of practice
- the practitioner’s correspondence address, or
- the practitioner’s name.

## SECTION H: Payment

|                                 |                          |          |
|---------------------------------|--------------------------|----------|
| General registration fee        | <input type="checkbox"/> | \$120.00 |
| Non-practising registration fee | <input type="checkbox"/> | \$120.00 |
| Dual registration fee           | <input type="checkbox"/> | \$175.00 |
| Application fee                 | <input type="checkbox"/> | \$25.00  |
| Total amount:                   |                          | _____    |

Payment options:

Identify your preferred payment option

|                                   |                          |
|-----------------------------------|--------------------------|
| Online payment via ARONAH website | <input type="checkbox"/> |
| Cheque                            | <input type="checkbox"/> |
| Money order                       | <input type="checkbox"/> |

Address cheque or money order to:

Australian Register of Naturopaths and Herbalists Limited  
 PO Box 519  
 Paddington Qld 4064  
 AUSTRALIA

## SECTION I: Checklist

Please label each attachment with the corresponding question number.

**Have the following items been attached or arranged, if required/applicable?**

| <i>Additional Information</i> |  |                          |
|-------------------------------|--|--------------------------|
| <i>Question 3</i>             | Evidence of a change of name (if required)   | <input type="checkbox"/> |
| <i>Question 5</i>             | Certified copies of all documents that provide sufficient evidence of your identity  | <input type="checkbox"/> |
| <i>Question 10</i>            | Certified copies of all of your relevant qualifications  | <input type="checkbox"/> |
| <i>Question 10</i>            | Evidence of course characteristics of any qualifications not recognised by the Board (if applicable)   | <input type="checkbox"/> |
| <i>Question 11</i>            | Evidence of clinical training for Advanced Diploma qualifications  | <input type="checkbox"/> |
| <i>Question 11</i>            | Evidence of practice competence to supplement Advanced Diploma qualification   | <input type="checkbox"/> |
| <i>Question 12</i>            | Evidence of practice within the profession between 1 July 2003 and 30 June 2013, including evidence from Schedule 1 and Schedule 2 (if applicable) | <input type="checkbox"/> |
| <i>Question 13</i>            | Evidence of current professional association membership (if applicable)  | <input type="checkbox"/> |
| <i>Question 14</i>            | A separate sheet with an explanation of circumstances of your criminal history in Australia (if applicable)  | <input type="checkbox"/> |
| <i>Question 15</i>            | A separate sheet with an explanation of circumstances of your criminal history overseas (if applicable)  | <input type="checkbox"/> |
| <i>Question 16</i>            | Evidence of the successful completion of an approved English language test has been requested from the relevant authority (if applicable)          | <input type="checkbox"/> |
| <i>Question 18</i>            | Evidence that you have actively maintained employment using English as the primary language of practice (if applicable)                            | <input type="checkbox"/> |
| <i>Question 19</i>            | Evidence of professional indemnity insurance (if applicable)   | <input type="checkbox"/> |
| <i>Question 22</i>            | Evidence of formal competency assessment (if applicable)   | <input type="checkbox"/> |
| <i>Question 22</i>            | A plan for professional development and for re-entry to practice (if applicable)   | <input type="checkbox"/> |
| <i>Question 23</i>            | A separate sheet with your impairment details (if applicable)  | <input type="checkbox"/> |
| <i>Question 24</i>            | A separate sheet with your current suspension or cancellation details (if applicable)  | <input type="checkbox"/> |
| <i>Question 25</i>            | A separate sheet with your previous cancellation, refusal or suspension details (if applicable)  | <input type="checkbox"/> |
| <i>Question 26</i>            | A separate sheet with your previous conditions, undertakings or limitation details (if applicable)   | <input type="checkbox"/> |
| <i>Question 27</i>            | A separate sheet with your disqualification details (if applicable)  | <input type="checkbox"/> |
| <i>Question 28</i>            | A separate sheet with your conduct, performance or health proceedings (if applicable)  | <input type="checkbox"/> |
| <i>Question 29</i>            | A separate sheet with details of any refusal or withdrawal of your provider rebate status (if applicable)  | <input type="checkbox"/> |
| <i>Question 30</i>            | A separate sheet with details of any complaint or notification made against you (if applicable)  | <input type="checkbox"/> |
| <i>Question 31</i>            | A separate sheet with details of your refusal, suspension or cancellation from any health professional association (if applicable)                 | <input type="checkbox"/> |

## Information and definitions

### CERTIFYING DOCUMENTS

Copies of documents provided in support of an application or other purpose must be certified as true copies of the original documents. Certified documents must:

- be initialled on every page by the authorised officer
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original', and signed by the authorised officer, and
- list the name, date of certification, contact phone number, and position number (if relevant), and have the stamp or seal of the authorised officer (if relevant) applied.

### CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate
- Deed poll
- Change of name certificate.

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD helps you maintain and enhance the currency of your theoretical knowledge and professional skills. The Board requires you to undertake a minimum of 20 hours annually in the first two years of the register opening.

For more information, view the full registration standard online at [http://www.aronah.org/wp-content/uploads/ARONAH\\_Continuing-Professional-Development\\_final.pdf](http://www.aronah.org/wp-content/uploads/ARONAH_Continuing-Professional-Development_final.pdf)

## CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession. For more information, view the full registration standard online at <http://www.aronah.org/wp-content/uploads/ARONAH-Criminal-History-Register-Standard-final.pdf>

## ENGLISH LANGUAGE SKILLS

The Board requires you to have effective communication with patients to safely and competently practise the profession. Therefore, you must be able to demonstrate English language skills in accordance with Board's requirements. For applicants required to complete an English language test, the Board requires an IELTS Academic module overall score of at least 7 with no individual score below 6.5 in each of the four components; an OET of A and B only in each of the components; or the TOEFL including the spoken component test with a minimum score of at least 237 (test of written English 4.5). Pass results must be obtained in one sitting. Where an applicant does not meet these requirements, the Board has transitional arrangements in place that may enable practitioners with a record of safe and competent practice to meet the eligibility requirements. For more information, view the full registration standard online at <http://www.aronah.org/wp-content/uploads/ARONAH-English-Language-Skills-Register-Standard-final.pdf>

## IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession. If you have an impairment, you will need to provide details of the impairment and how it is managed.

## PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

## PROFESSIONAL INDEMNITY INSURANCE (PII)

You must not practise unless you have PII arrangements in place for your full scope of practice that comply with the Board's registration standard. You can be covered by either individual insurance arrangements or group schemes for PII arrangements. Group schemes include cover via your employer's insurance arrangement or cover through membership with a professional association. PII must include a minimum of \$5 million in cover for any single claim, a minimum of one automatic reinstatement during each year of cover, run-off cover and product liability if you use, sell or dispense therapeutic goods. If you are unable to meet the Board requirements you are ineligible for registration. For more information, view the full registration standard online at [http://www.aronah.org/wp-content/uploads/ARONAH\\_Professional-Indemnity-Insurance-Register-Standard-final.pdf](http://www.aronah.org/wp-content/uploads/ARONAH_Professional-Indemnity-Insurance-Register-Standard-final.pdf)

## REGENCY OF PRACTICE

You are required to maintain your currency of practice and must demonstrate to the satisfaction of the Board that you have undertaken sufficient practice in the profession to maintain competence. If you are registered in more than one division of the register you are required to comply with recency of practice requirements separately for each division. For more information, view the full registration standard online at [http://www.aronah.org/wp-content/uploads/ARONAH\\_Recency-of-Practice\\_draft-final.pdf](http://www.aronah.org/wp-content/uploads/ARONAH_Recency-of-Practice_draft-final.pdf)

## SUPPORTING DOCUMENTATION

All supporting documentation must:

- be certified in accordance with ARONAH guidelines, and
- be in English (see Translating documents below).

If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with ARONAH guidelines. DO NOT send original documents unless specified.

## TRANSLATING DOCUMENTS

For documents translated in Australia, the translator must be accredited by the National Accreditation Authority for Translators and Interpreters (NAATI), see [www.naati.com.au](http://www.naati.com.au). For documents translated overseas, see [www.fit-ift.org](http://www.fit-ift.org) for a list of authorities who provide certified translations. Translations prepared by people familiar with the language of origin, including relatives, friends, acquaintances or other volunteer agencies will not be accepted.